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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE 773 San Marin Drive ADDRESS (number and street) Suite 2230 (Check if address is changed) **NOVATO** 94945 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cpinkston@ppsc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2014 C00403998 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cynthia Pinkston Type or Print Name of Treasurer Cynthia Pinkston [Electronically Filed] 09 05 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

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